



“You Are My Sunshine:” The Effects of Post-Traumatic Stress Disorder/Secondary Traumatic Stress in PK-12 Educators

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Abstract: This systematic literature review explores Post-Traumatic Stress Disorder (PTSD)/Secondary Traumatic Stress (STS) in PK-12 teachers in the United States, a total of eight peer-reviewed empirical articles were synthesized to address the following research questions: what current measurements are used to assess PTSD/STS in PK-12 teachers, what are common PTSD/STS symptoms in educators, and what traumatic events contribute to the development of these trauma-based symptoms. Themes found across studies were concerns of current STS measurements used in teachers, minimal discussion of traumatic events that contribute to PTSD/STS symptoms, and limited identification of PTSD/STS symptoms described by teachers. Consequently, results show a significant need for scholarship to reflect themes identified to adequately address traumatic events and PTSD/STS symptoms in teachers. Additionally, the need for accurate measurements to identify STS levels in PK-12 teachers is significant for educators. Future scholarship needs to reflect these findings to implement comprehensive supports in the PK-12 workplace.

Keywords: PK-12 teacher, grief, secondary traumatic stress, post-traumatic stress disorder, disenfranchised grief

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Remembering James and Sara

Any person who experiences the loss of an individual close to them experiences grief. According to the American Psychological Association (APA), grief is the emotional distress that occurs after enduring the death of a cherished person (2018). As a result, bereavement is considered one of the most traumatic and emotionally stressful events one can experience in their lifetime (Arnst, 2022; Asgari et al., 2025; Mayo Clinic, 2022). Trauma is defined as “an emotional response to a terrible event like an accident, crime, natural disaster, physical or emotional abuse, neglect, experiencing or witnessing violence, death of a loved one, war, and more” (APA, 2018, para. 1). The emotional responses to a beloved one's death are expressed and experienced differently for people. The relationship to the deceased affects an individual's grieving process (Rubin et al., 2020). Prior to beginning my career as a special education teacher, I did not consider how traumatic events such as grief over the death of my students would impact me emotionally, physically, and professionally.

I had the opportunity to say goodbye to my student, James, before he passed away. I hugged his mother and thanked her for letting me visit her son. I gave his mom a plush toy that the class got him, one of his favorite superheroes. His mom laid it next to him. Seeing him lie next to his doll reminded me that he was just a child and that dying young was unfair and unexpected. I said goodbye to James and thanked him for all the fun memories and for being such a great student.

I later learned (by talking to a grief counselor) that my grief over James' death would be complicated and cause me to have physical and mental symptoms of fatigue, isolation, and become stressed with intrusive thoughts. I constantly thought about the possibility of my nephew with an intellectual disability and health conditions, passing away. Seeing pictures of my student and the love his family had for him reminded me of the love my family has for my nephew. Understanding the profound and unconditional love that a family has for their child with a disability, my heart ached for my student's family. I could only imagine their thoughts and feelings, and it left me feeling truly heartbroken for them. I also felt alone and isolated in my grief. I questioned the intensity of my emotions because my student was not a blood relative. I asked myself if I had the right to be this sad and angry over his death. Additionally, this was not the first time I experienced the death of a student. During my talk with a grief counselor, the death of a previous student came up. How I felt about her death was discussed and brought into perspective. I worked closely with a student, Sara, during my first years of teaching. A few years later, I was told Sara had passed away due to cancer. I knew very little of her over the last few years of her life, but from what I was told, doctors discredited her symptoms. I felt anger hearing about her medical treatment because it further reminded me of how access to equitable health care for marginalized populations can be challenging to obtain (Lagu et al., 2015).

Reflecting on James and Sara provoked me to think about how teachers grieve, process the death of their students, how their bodies physically and emotionally respond to a student's death, and how their teaching is impacted by the death of child/student in their class. Given my position as a special education teacher, I thought specifically about special education teachers

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who work with students with significant medical needs. While talking with colleagues, I learned (mainly special education teachers of children with extensive support needs) that having a student pass away was common in this profession and schools may not always be supportive of these losses (Arnst, 2022; O'Brien & Gomes, 2020). It was not until my colleagues (teachers and aides), students, and I collaborated on an event to memorialize James that I felt supported in my grief, and the loss experienced by my students and myself was recognized (Shalev et al., 2024). Seeing the words *You are My Sunshine* displayed on a banner, I felt my grief and the grief of his peers validated. The memorial event created an opportunity for his loss to be recognized and for the impact of his absence on the school community to be known and felt. Despite these feelings, I could not help but wonder how many other teachers experienced student loss and if my grief was like other teachers.

When contextualizing the passing of my students within a PK-12 setting while learning and researching the prevalence of special education teachers experiencing a student death, I wondered if other teachers experienced any symptoms like mine. When I asked colleagues how they felt after losing a student many shared feelings of sadness for their student's family. What was interesting is that teachers failed to talk about their own feelings with losing a student and how they processed those feelings and grief. Colleagues also shared, they experienced the death of a student more than once, I wondered how repeated exposure to losing a student affected their grieving and bodily responses, since it impacted mine.

After researching and talking to a counselor I later learned that the symptoms I experienced mirrored those of an emotional condition called Secondary Traumatic Stress (STS). This is a “condition comprising trauma-related symptoms” (Marković & Živanović, p. 1, 2022). Through conversations with my colleagues and reflecting on the passing of my students, I learned that poor coping skills and grief processing after a student death, symptoms of Post-Traumatic Stress Disorder (PTSD)/ STS can arise (Shi et al., 2022). Indirect exposure to details regarding a loved one's death, along with experiencing a suppressed type of grief, disenfranchised grief (DFG), PTSD/STS symptoms can develop (Asgari et al., 2025). These terms are defined later in the paper.

Background

In the United States (U.S.), the leading causes of death for people ages 3-22 vary according to a person's age (CDC, 2023). To further understand the prevalence and causes of PK-12 students' mortality nationally, a dataset was created using the Centers for Disease Control's WONDER database. To ensure inclusivity on the possible age of students attending PK-12 schools, ages three to 22 were entered into the database, and all education levels were included. Some students eligible for special education services can begin school at the age of three and continue until the age of 22. The data set revealed that the top five underlying causes of death for this age group are “accidents (unintentional injuries), assault (homicide), intentional self-harm (suicide), malignant neoplasms, congenital malformations including deformations, and chromosomal abnormalities” (CDC, 2023, para.1). Of the top five causes three are identified as health-related deaths. Given the age range of persons in the data set, it is possible that some individuals attended a PK-12 school in the United States and received special education services.

According to the U.S. Department of Education (2023), 7.5 million people ages three to 21 received special education services in 2022-2023. Of the 7.5 million, a small percentage of students who are eligible for special education services live with significant medical conditions.

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The small percentage of students with severe medical conditions likely increases their enrollment in special education programs, particularly in self-contained settings (O'Brien & Gomes, 2020). As a result, it is estimated that up to 70% of special education teachers of students with severe medical conditions have experienced the death of at least one student. Despite student death being potentially possible within the special education field, it is a traumatic event that teachers are not prepared for or taught how to prepare for in teacher education programs.

Currently, minimal scholarship has been written on DFG and PK-12 teachers in the U.S. Education scholar on grief and loss in schools, Louise Rowling (1995), conducted the first study to examine how teachers respond to the death of a child/student in their classroom or school. Rowling's qualitative study involved interviewing multiple teachers over two school sites who experienced the death of a student in various circumstances. Based on her analysis of teacher responses, Rowling applied the term “disenfranchised grief” to describe the grief experienced by teachers. Rowling defines DFG as “grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported” (1995, p. 321). Teachers cannot openly discuss or acknowledge their grief because of their career expectations, demands, and their relationship to the deceased.

Educators are required to continue teaching and support students in the loss of their peer. Additionally, because the student was not a blood relative of the teacher, the loss of the student is not worthy enough to experience bereavement (Kennedy, 2025). When teachers experience grief over the death of a student, their bereavement is complex. In a personal anecdote, history teacher Mathew Fulford writes about the grief he endured when one of his students died in a car accident and another by suicide (2021). Fulford applies the term “disenfranchised grief” (DFG) to describe how he had trouble processing the death of his students because he was not able to openly acknowledge his loss and felt the need to validate it when asked by others. When discussing the teacher-student relationship Fulford writes,

Teacher-student relationships are complicated and don't always fit in our model for where grief is seen as warranted or appropriate. Seeing a student every day, however, and reading their writing, giving them life advice, and coaching them on their journey into adulthood is not insignificant. Grief experts may characterize this as a form of disenfranchised grief, or when society says the relationship isn't important, so grief is not acknowledged (2021, para 5).

Because a teacher's grief cannot be openly acknowledged, their support system may be limited, and opportunities to discuss their student's death and address it may not be available or desired (Dunn, 2022). As a result, PK-12 teachers do not process their students' deaths in healthy ways. Poor and limited support on student death positions teachers to keep themselves isolated in their grief. Suppressed grief leads to developing negative coping skills due to limited support in the workplace, which ultimately impacts one's personal and professional life (Gray & Kim, 2017). Not being allowed to openly acknowledge one's grief complicates how a person mourns and processes the death of a loved one (Asgari et al., 2025). Disenfranchised grief encourages teachers to avoid discussing their students' deaths and fosters feelings of isolation as they mourn (Dunn, 2022). Ignoring and denying one's right to grieve over the loss of a loved one significantly affects the bereaved's ability to develop resiliency after the person's death (Moutan, 2023).

DFG leads to avoidance, intrusive thoughts, feelings of isolation, and depression which are parallel symptoms to PTSD/STS (Asgari et al., 2025). As a result, disenfranchised grief

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experienced mediates the development of PTSD/STS symptoms after experiencing the death of a cherished person (Hayuni et al., 2019; Shi et al., 2025). DFG facilitates the development of PTSD/STS symptoms in PK-12 teachers as they experience isolation, depression, avoidance, and intrusive thoughts as they mourn the death of a student. This is evident in multiple teacher anecdotes on grieving over the death of a student (Dunn, 2022; Fulford, 2021; Stieber, 2023). However, within the past ten years no peer reviewed empirical study has been conducted to focus on the connections between DFG and PTSD/STS symptoms following the death of a student in PK-12 teachers within the U.S. As shown DFG suppresses grief and leads to mental health symptoms that mirror those of PTSD/STS (Asgari, et al., 2025). This critique of current literature on DFG and PTSD/STS in PK-12 teachers is examined further in the discussion section of the article.

Post-Traumatic Stress Disorder/Secondary Traumatic Stress in PK-12 Teachers

Secondary Traumatic Stress (STS) is an emotional condition defined as “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995; Ormiston et al. 2022, p. 802). The Diagnostic Statistical Manual of Mental Disorders 5 (DSM-5) identifies STS as a criterion that can cause PTSD (Jang et. al., 2023). The Mayo Clinic defines PTSD as a mental health disorder that's caused by a highly stressful event (2024). Participation in this terrifying event can be through direct (witnessing or being involved in the event) and/or indirect exposure (seeing and or hearing about traumatic facts). The DSM-5's indirect exposure criteria of PTSD are learning about the traumatic event, and/or being constantly exposed to traumatic facts. Some symptoms of PTSD/STS include, but are not limited to, fatigue or illness, reduced productivity, and feelings of sadness, despair, hopelessness, and anxiety (Oberg et al., 2020). These symptoms are grouped into four categories: “avoidance, negative changes in thinking and mood, intrusive thoughts, and changes in physical and emotional reaction” (Mayo Clinic, 2022, para. 5). Furthermore, indirect trauma exposure and experiencing PTSD/STS symptoms “is recognized as a unique occupational risk” (Park et al., 2025, p. 3).

The “Cost of Caring:” PTSD/STS in PK-12 Teachers, too

The concept of STS was coined by psychologist Charles Figley in the 1980s (Figley, 1995). Figley theorized STS out of concern that traumatology literature (at the time) focused mainly on people who directly experience trauma and not those who indirectly experience trauma. According to Figley, the gap in research did not entirely align with the DSM's PTSD diagnosis criteria at the time, and thus, participant populations in traumatology research were limited. Figley further claimed that failure to consider how trauma impacts those indirectly exposed to the trauma of another person prevents a comprehensive support system for trauma survivors because the impact of one's distress extends to the individual who provides care. Various types of occupations are responsible for the wellbeing of traumatized persons and vulnerable populations.

Figley's concept of “We, to become victims” is prevalent among mental health professionals (MHPs) who have slight similar occupational roles to PK-12 teachers. Some of these roles that therapists fill for their clients include developing and implementing preventive mental health interventions and support for individuals with mental health needs. Implementing support also involves advocating for the client's needs to various entities. (Park et al., 2025).

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Because MHPs work with vulnerable populations they are at risk of experiencing client death within their career. Client death refers to the passing of a client and is considered “one of the most psychologically distressing events, often triggering acute emotional and professional disruption” (2025, p. 2). This traumatic workplace event is known as occupational death trauma (ODT). ODT refers to “traumatic stress resulting from client death experiences encountered during professional duties. This includes both anticipated deaths (e.g., terminal illness) and sudden and unexpected deaths such as suicide, homicide, medical errors, or accidents” (p. 2, 2025). Enduring a client's passing can lead to increased levels of stress, PTSD, and maladaptive behaviors. Figley's concept is evident in MHPs but is also evident in PK-12 teachers. The roles between these two professions are very distinct but slightly similar as well.

The concept of becoming victims of indirect trauma exposure applies to those in the teaching profession, too. Teachers, like MHPs, fulfill distinct yet similar roles in their profession as they work with students and families. PK-12 teachers advocate for students, form close bonds with students and their families, work with vulnerable students depending on the school's location and context, and collaborate with a team of professionals to support students. Additionally, PK-12 special education teachers must ensure student safety by implementing and developing legally binding educational programs and following health care plans required for student well-being, safety, and inclusion. Thus, teachers form close connections with their students that naturally come from the relational work done with students (Dunn, 2022). The relational work done between PK-12 teachers and students requires emotional labor from educators. Because of the relational and emotional labor, emotional and physical responses to traumatic events, particularly death, are unavoidable (Gray & Kim, 2017), especially for professionals who “work with a strong sense of duty or commitment” (Park et al., 2025, p. 3). Because of the work teachers do with students, they are at risk for developing PTSD/STS symptoms.

Most of the literature examining PTSD/STS in working professionals focuses on persons in the health care, mental health, and emergency first responder fields (Jang et al., 2023). Limited scholarship has been conducted to investigate the phenomenon of PTSD/STS in PK-12 educators. Despite teachers' daily long hours spent with children, teaching being one of the most stressful professions, and some parallels between teaching and professions that have been researched, limited scholarship exists (Ormiston et al., 2022). The first study to examine STS in K-12 teachers was conducted 13 years ago.

In 2012, the University of Montana conducted one of the first (quantitative) peer-reviewed empirical studies to examine STS in school personnel (Borntranger et al., 2012). Researchers surveyed over 200 school personnel across six schools in the Northwestern part of the United States using six measures. One of the measures used was the Secondary Traumatic Stress Scale (STSS), which consists of 17 questions that uses a five-point Likert rating scale. Participants rated their responses to items based on the frequency of an occurrence by selecting “never to very often” (p. 41, 2012). The results from the survey revealed that “participants' symptoms may meet criteria for a diagnosis of PTSD if they were administered a standardized assessment” (p. 44). Overall, research found that more than half of the staff surveyed reported having high STS levels. Although this study was a pioneer for PTSD/STS research of school personnel the study omitted discussion on the types of traumatic events school personnel are indirectly exposed to, the amount of time professionals spent with students, and the specific roles and responsibilities of personnel. For educators, traumatic events that can cause PTSD/STS symptoms include, but are not limited to, witnessing a child experience poverty, racism,

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violence, and death (Walker, 2019). Indirect exposure to these traumatic events has significant adverse effects on teachers. A teacher's PTSD/STS symptoms can have profound implications for them and affect the quality of instruction delivered to students (Herman et al., 2023). When stressed, teachers are more likely to ineffectively respond to students' needs. Student needs include addressing academic and behavioral concerns. When stressed teachers do not appropriately model or teach their students appropriate academic, social-emotional, and behavioral skills, thus their teaching is impaired and increases their risk for developing occupational hazards.

Workplace Hazards

Trauma-related incidents in the workplace are considered workplace hazards. Peter Nemmers, director of training development for The National Association of Public Safety (NAPS), defines a workplace hazard as “anything that has the potential to induce harm or other adverse effects” (2018, para. 4-5) on a worker. One of the six hazard types identified by the NAPS is psychosocial hazard. Nemmers writes that psychological hazards “cause harm like burnout or stress, leading to distracted workers and potential mistakes” (2018, para.8). As a result, teachers experience psychosocial hazards that increase their risk for stress and impact their quality of life and instruction. Given that PTSD/STS is an occupational hazard and the increase in teachers experiencing PTSD/STS, it’s important that schools implement stronger support in the workplace for PK-12 teachers to reduce the symptoms of PTSD/STS. However, research in PTSD/STS in PK-12 teachers is limited, which hinders the ability to develop comprehensive support systems in the workplace and accurately report the phenomena.

Previous Literature Reviews

A total of three peer-reviewed literature articles conducted in the U.S. on STS in teachers were located. One of the observations made throughout the studies was the literature analyzed and collected were a combination of peer-reviewed studies and dissertation papers. Most of the empirical studies used across all literature reviews were dissertation papers and included a small number of studies conducted outside the U.S. Although beneficial to the field, dissertation papers do not undergo the same review process as published studies. The limited number of peer-reviewed studies reflects the small amount of scholarship conducted on STS among PK-12 teachers in the U.S.

After reviewing the literature, all scholars agreed that further research is needed on STS in PK-12 educators (Klemme et al., 2025; Ormiston et al., 2022; Sprang et al., 2024). The most common theme and question that emerged from all reviews was the different measurements used to identify the severity of STS levels. The most identified tools across all reviews were the Professional Quality of Life scale (ProQOL) and Secondary Traumatic Stress Scale (STSS). These two tools are not formative diagnostic tools, but screeners used to measure the severity of STS levels. These measurements recommend further mental health assessments for a formal diagnosis of PTSD. Both tools have historically been used to assess STS levels in working professionals and are formatted differently.

Dr. Stamm developed the ProQOL assessment in conjunction with previous work conducted with Charles Figley, and the tool has been used since 1995 (Center for Victims of Torture, 2025). The ProQOL screener does not only measure STS levels. It is also used to measure compassion fatigue and burnout levels. Participants select their ratings on a response

using a 5-point Likert rating scale for a total of 30 items. The higher an individual scores, the more severe the symptoms of STS are likely to be. Conversely, the STTS only focuses on STS, consists of 17 questions, and focuses on three of the four major PTSD symptom categories in its assessment (Bride et al., 2004). No additional emotional distress conditions are measured in the STTS. Using different measurement tools may result in varying STS levels. Participants who used the ProQOL measured lower STS levels than participants who used the STS scale (Klemme et al., 2025). Additionally, the ProQOL scale is currently in its 5th revision (Center for Victims of Torture, 2025). Some studies used different versions or did not specify which version was used (Klemme et al., 2025). Based on the results of the differences in levels reported, varying STS levels may be due to inconsistent measurement tools and the type of assessment given to PK-12 teachers.

Purpose of Literature Review

The original purpose of this paper was to examine scholarly research conducted on the relationship between disenfranchised grief (DFG) and Post-Traumatic Stress Disorder (PTSD)/STS (Secondary Traumatic Stress) in PK-12 teachers. Based on comparative analysis made between teacher anecdotes of DFG and literature examining PTSD/STS symptoms in PK-12 teachers, it is evident that significant parallels exist between the two phenomena. However, no published empirical studies were found to demonstrate these similarities and their mutual influence. As a result, a shift occurred in this paper to focus on screening measurements of PTSD/STS levels in PK-12 teachers, reported symptoms of educators, and traumatic events that contribute to PTSD/STS. The remaining parts of this manuscript are organized into the following parts: methods, results, discussion, and conclusion.

Methods

This paper, along with a reflection on the passing of James and Sarah, will allow further discussion and solutions to address PTSD/STS symptoms in PK-12 educators. Most importantly, a priority in this systematic literature review is to honor the lives of James and Sara. James and Sara had a profound impact on many people, bringing joy and love into the lives of numerous teachers and classmates. Their lives mattered. They were essential members of their school communities.

This systematic literature review consisted of two research cycles in total. The first cycle was an attempt to answer the original question of inquiry: how does DFG mediate symptoms of PTSD/STS in PK-12 teachers residing in the U.S. No empirical peer-reviewed studies that addressed this question were located. As a result, the literature project was discontinued and shifted into focusing on PTSD/STS in PK-12 teachers in the U.S. The results from the first research cycle show an emergent need to examine the DFG experienced by teachers and how this type of grief impacts their emotional and physical well-being and work performance.

The second review cycle is the method used for this paper. This systematic literature review answers the following research question(s): what current measurements are researchers using to measure in PTSD/STS levels in PK-12 teachers, what are the common PTSD/STS symptoms reported, and what traumatic events trigger PTSD/STS symptoms in teachers. The author notes that many researchers only use the term STS in their studies. To keep terminology consistent with the research the author uses STS not PTSD/STS throughout the remaining parts of the paper.

Procedures

To answer the above research questions, the following strategies were used to locate, identify, and analyze a body of literature that highlights STS in PK-12 teachers. The first strategy involved searching and collecting relevant sources from various databases. The author used the following databases: Google Scholar, the National Library of Medicine, EBSCO, and ERIC. The following keywords were used to locate literature in all searches: secondary traumatic stress, Post-Traumatic Stress Disorder, and teachers/educators. The articles generated were then organized in a spreadsheet that categorized items based on the content in the source that best matched the research questions.

Inclusion & Exclusion Criteria

Articles for this literature review were qualitative, quantitative, and mixed-method peer-reviewed empirical studies based in the United States (U.S.). All articles focused solely on STS in PK-12 teachers except one. This one source focused on pre-service PK-12 teachers and was included due to its critique of instruments used to measure STS in teachers. For the literature review, all grade levels, types of teachers (general education, resource, special education, etc.), and the number of years of teaching were included in this paper. Only studies from 2014 to 2025 were included. Studies conducted outside the United States and that involved other school personnel were excluded.

Results

A total of eight articles were eligible for this systematic literature review. In addressing the research questions, three themes were found throughout the literature. Themes identified included the cautionary use of the ProLOQ measurement to determine the severity of STS in PK-12 educators, minimal acknowledgement of traumatic events that contribute to STS symptoms in PK-12 educators, and a nominal discussion of STS symptoms experienced by teachers.

Figure 1
Article Selection Process

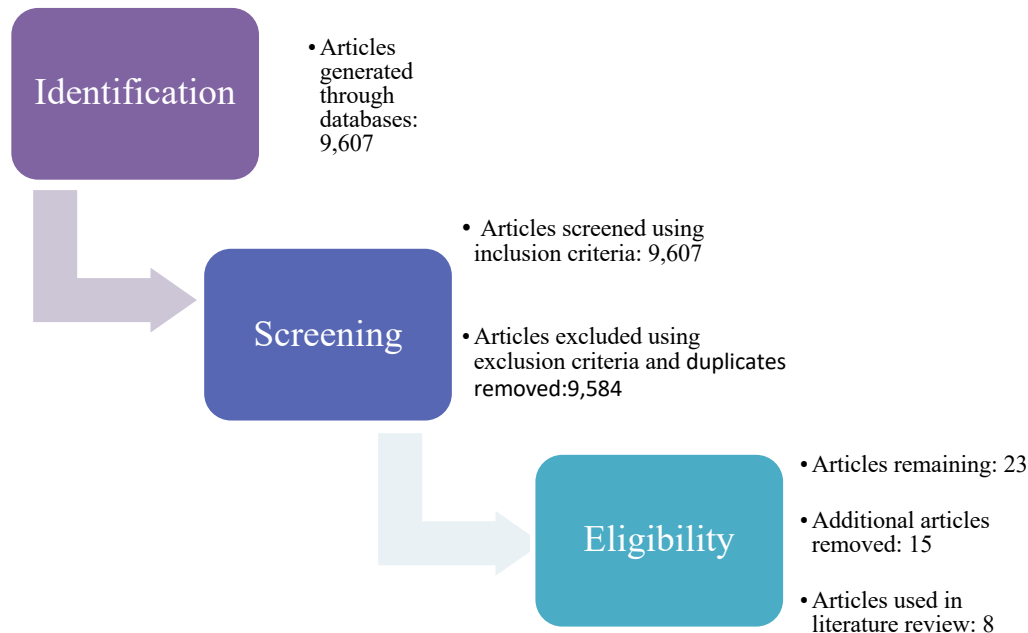


Table 1
Articles Used in Review

Citation	Methods	Participants	STS measurement	Types of PTSD/STS symptoms reported in study	Student traumatic event reported
Fleckman et al., (2022)	Mixed methods	275 U.S. public school teachers in marginalized communities	ProQOL-5	Yes	No
McMakin et al., (2022)	Mixed methods	19 teachers in Northeastern part of U.S.	ProQOL	No	No
Simon et al., (2022)	Quantitative	150 U.S. teachers in the South	ProQOL	No	Yes; Covid 19
Wall, (2024)	Qualitative	15 teachers in a California Title 1 School	No formal tool used, participants interviewed	Yes	Yes; Covid-19
Phelps et al., (2025)	Quantitative	323 teachers in U.S.	ProQOL	No	No

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Castro Schepers, (2023)	Quantitative	115 public school teachers	TSTSS	No	No
Castro Schepers et al., (2025)	Quantitative	92 first year teachers	TSTSS	No	No
Castro Schepers & Young, (2022)	Quantitative	34 Pre-service teachers	TSTSS	No	No

STS Measurements

A total of 989 PK-12 teachers in the U.S. participated in these research projects, as well as 34 pre-service PK-12 teachers. Four of the seven articles selected used the ProQOL, and one study listed the ProQOL-5 as the measurement tool used to determine the severity of STS in teachers (Fleckman et al., 2022; McMackin et al., 2022; Phelps et al., 2025; Simon et al., 2022). Notably, one study did not use any instrument to measure STS levels (Wall, 2024). The remaining three studies utilized the Teacher Secondary Traumatic Stress Scale (TSTSS) to identify the racial/ethnic, gender, and socioeconomic class demographics affected by STS and evaluate preventative STS measures in teachers (Castro Schepers, 2023; Castro Schepers & Young, 2022; Castro Schepers et al., 2025). Of the studies that used an STS measurement tool, five raised concerns about the use of the ProQOL instrument (Castro Schepers, 2023; Castro Schepers & Young, 2022; Castro Schepers et al., 2025; Fleckman et al., 2022; Simon et al., 2023).

Most concerns raised by researchers regarding the ProQOL measurement questioned the instrument's applicability to teachers and its limited focus on STS, since the ProQOL also measures compassion fatigue and burnout in teachers, which differ from STS. Fleckman et al. (2022) and their team argue that the ProQOL may be helpful for other helping professions, but not suitable for teachers. Psychologists developed the ProQOL based on the work experiences of human service workers (mental health professionals, social workers, etc.) (Simon et al., 2023). The questions in the screener may not capture how teachers respond to their students' trauma and certain qualities specific to the teacher-student relationship. Additionally, the ProQOL survey has been critically evaluated in peer-reviewed literature globally (Fleckman et al., 2022). To respond to this critique, scholars and psychologists developed a specific tool to measure STS levels in teachers (Castro Schepers & Young, 2022)

In 2015, the Teacher Secondary Traumatic Stress Scale (TSTSS) emerged from a pilot study examining pre-service teachers' levels of STS (Castro Schepers & Young, 2022). The TSTSS instrument differs from the ProQOL scale. Unlike the ProQOL, the TSTSS was developed exclusively to “capture how teachers take on others' traumas, specifically their students' traumas” (2022, p. 4). This scale is considered a valid measure, consisting of 28 questions with four response options from a rating scale, as opposed to the five options in the ProQOL. The TSTSS differs from the ProQOL scales, which use ten questions to measure the severity of STS. Unlike the ProQOL scale, which excludes the PTSD negative behavior symptom in its evaluation of STS, the TSTSS does not exclude any of the four common symptoms of PTSD from its criteria. Despite the development of TSTSS for teachers, none of the

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remaining five studies utilized it as a measurement tool in their research, despite critiques of the ProQOL presented.

Overall, across all studies, participants' levels of STS, as measured by the ProQOL and TSTSS, varied. The variations in reported levels may fluctuate due to various factors, such as the exclusion of specific symptoms in the ProQOL tool and the selection of participants for these studies. The symptoms of negative behavior may be prevalent in educators, and without the opportunity to measure them, may impact overall findings. Furthermore, across all studies, few discussed the reported symptoms and events experienced by teachers.

STS Symptoms and Traumatic Events

Across all studies, there was limited discussion on the types of STS symptoms experienced by participants. Of the eight empirical studies, only two specifically mentioned and elaborated on the STS symptoms and consequences experienced by teachers (Fleckman et al., 2022; Wall, 2024). Symptoms reported by teachers were captured mainly through interviews with research participants. STS symptoms reported in the studies included intrusive thoughts regarding student well-being, changes in mood and cognitive function, and variations in activity level (Fleckman et al., 2022). Teachers in the study reported irritability and decreased concentration in their jobs. These symptoms mirror those of PTSD/STS (Mayo Clinic, 2024; Schepers & Young, 2022). Occupational impairment was reported as teachers' heightening STS levels affected their relationship development with students (Fleckman et al., 2022). Another reported symptom was limited sleep (Wall, 2024). Limited sleep was due to worrying about students after seeing their home lives firsthand during the COVID-19 pandemic.

Within the literature, only two empirical studies discussed specific events that contributed to STS levels in PK-12 teachers. The two studies specifically identified and discussed the COVID-19 pandemic (McMakin et al., 2022; Wall, 2024). Of these two studies, only one directly linked STS levels to the COVID-19 pandemic. In Wall's study (2024), all participants reported various symptoms of STS, but these symptoms increased for all participants during and after the pandemic. Many schools switched to online learning during the pandemic to mitigate the spread of COVID-19. An effect of this was that teachers directly saw students' home lives. One participant stated, “Several of us have many sleepless nights worrying about our students. Because we zoomed with them, we got a glimpse into their home life” (Wall, 2024, p. 445). Although this study discussed COVID-19 as the event that triggered STS symptoms, no assessment tool was provided to participants to measure their level of STS. Wall's study sheds light on how and why COVID-19 impacted teachers' stress levels. The study also reveals the types of symptoms experienced by teachers because of the traumatic event, COVID-19.

Overall, it is important to identify the event that causes PTSD/STS in teachers. Failure to identify the traumatic event that contributes to STS symptoms obscures preventative measures to mitigate these symptoms in teachers; below is an excerpt detailing the importance and impact of identifying traumatic events that can trigger STS symptoms and how to address victims' needs:

One example of a school district that was concerned about secondary traumatic stress (STS) of its teachers was in New Orleans. Although there was recognition of the mental health needs of students immediately following this disaster, teachers who supported these students had significant unmet needs. However, when a major oil spill affected whole communities in New Orleans 5 years after Hurricane Katrina, this event compounded the open wounds still healing from the hurricane for both students and

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teachers. It was this additional traumatic event, which had major economic repercussions to the area, which was the catalyst for district administrators and superintendents from across the greater New Orleans area to address the needs of both students and staff. (Hydon et al., 2015, pg. 320).

Within this excerpt, two events are identified: hurricane Katrina and a subsequent oil spill in New Orleans. Because elite school officials identified the traumatic situations, they were able to consider how to respond to the psychological needs of both students and teachers. School and district leaders reached out to psychologists in the U.S. to better understand how to support their staff and students (Hydon et al., 2015). Despite the importance of identifying traumatic events to help identify and mitigate STS symptoms, specific student traumatizing events and their impact on teachers was minimally found throughout all studies. In summary, the themes found reflect current gaps in the literature that need to be explored to further help mitigate and address STS in PK-12 teachers.

Discussion

This paper is a timely contribution to the existing literature of PTSD/STS in PK-12 teachers. A current analysis of the literature reveals that further work and screening measurements are needed to develop accurate and reliable measures of PTSD/STS in teachers. The homogenizing term “K-12 teachers” was found in the literature and needs to be expanded to include early childhood teachers who work with students at the youngest ages, as well as preschool special education teachers who work with students as young as three years old. Current literature labeled as “K-12” marginalizes the voices and experiences of these teachers who work with the youngest students.

Additionally, when framing “STS” in K-12 teachers, many authors omit the term “PTSD” despite STS being a component of a formal PTSD diagnosis. More work needs to emphasize this connection between PTSD and STS to capture the severity of teachers’ mental health and traumatizing events of students. Scholarship should also focus on the types of symptoms reported by teachers to facilitate proper diagnosis and preventive measures.

Furthermore, the literature needs to expand to include the diverse traumatic experiences of all teachers, particularly those who work with students with significant medical needs and require medical support throughout their school day. Despite the prevalence of special education teachers experiencing the death of a student with medical conditions, scholarship in this area is severely scarce and in need of discussion (Arnst, 2022). Further discussion is essential for the well-being of teachers, families, and, most importantly, recognizing the impact of student loss on the community. DFG impacts multiple people and institutions. To help mitigate the effects of losing a loved one schools need to implement further bereavement support in the workplace (Rowling, 1995). DFG should not be a common grief experience amongst teachers. Further work in PTSD/STS studies needs to include DFG as it relates to teachers, particularly special education teachers in self-contained settings. Despite this paper’s timely contribution to PTSD/STS in PK-12 teachers, this review is with limitations.

This literature review is not without limitations. The author employed specific strategies to compile a comprehensive body of literature. During the identification and screening process, abstracts and titles of articles were scanned. This may have resulted in the omission of sources on this topic. Furthermore, the small amount of literature selected may obscure the generalizability of the critiques proposed.

Conclusion

The importance of this literature review underscores understanding how teachers' mental health is currently being discussed and written about in academia in relation to student trauma and the grief experienced when losing a student. Teachers are often viewed as important role models for their students, families, and the community. However, there is usually little consideration for how the work teachers do impacts their own well-being. This is especially true for teachers who share similar cultural backgrounds with their students and who possess a deep and rare understanding of the social contexts in which those students live and operate. As one study noted, schools should not only prepare for the social-emotional needs of students, but also for those of teachers (Fleckman et al., 2022). Considerations on the effects of teachers indirectly exposed to student trauma and who experience the death of a student need to be addressed and discussed. Consideration must be given, especially for (special education) teachers who may racially/ethnically or culturally identify with the students they work with and are at higher risk of experiencing the death of a student and indirect exposure to student trauma. It is evident that the work that teachers do matters since the lives of students also matter. Current literature must reflect that stance.

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